

SUPPLEMENTAL AGREEMENT NO. 2

Contract Number: 559 (Executed on August 15, 2007; Resolution No. R-810-07)

Contract Title: Self-funded Medical Program

Contractor: AvMed Inc. d/b/a AvMed Health Plan(s)
9400 So. Dadeland Blvd, Ste. 409
Miami, FL 33156

In accordance with the above-referenced Contract, this Supplemental Agreement, when properly executed, shall:

1. Add the term "COBRA" in the Price Schedule (Appendix B), as follows:

"Medical Administrative Fees (Actives/Non-Medicare Retirees/Medicare Supplement Retirees/COBRA) Per Employee Per Month (PEPM)"

2. Modify Article 7 entitled "Payment for Services, Funding and Payment of Claims, Letter C, 7th Line, to substitute the term "cleared" checks with "issued" checks.

3. Modify Scope of Service (Appendix A) Section 2.3.13, Letter A, 6th Line, to read: "Coverage for a newborn, child placed for adoption, or adopted is effective as of the date of the birth or the earlier of (i) placement for adoption or (ii) adoption date. The change in premium, if applicable, is effective the first day of the month following the birth or the earlier of (i) placement for adoption or (ii) adoption date."

4. Contractor acknowledges that the Public Health Trust (PHT) d/b/a JHM Health System (JHM) Health Plan offers both a High Option HMO Plan and Low Option HMO Plan (with gatekeeper) to Miami-Dade County and Jackson Health System employees and retirees. Additionally, Contractor acknowledges that JHM Health Plan offers the Point of Service Plan to Jackson Health System employees and retirees.

5. As a result of the above mentioned offerings by JHM, the Price Schedule (Appendix B), is replaced in its entirety, modifying "Contractor Claims Guarantee," 4th Line, amount "\$788.34" with "\$788.74." The price schedule revised as of January 1, 2008 is attached hereto.

All terms, covenants and conditions of the original Contract and Supplemental Agreements thereto shall remain in full force and effect, except to the extent herein amended.

IN WITNESS WHEREOF, the parties have executed this Supplemental Agreement to County Contract No. 559 effective as of the date herein above set forth

Contractor

By: [Signature]
Name: Frank Jantzen III
Title: V.P. Client Service

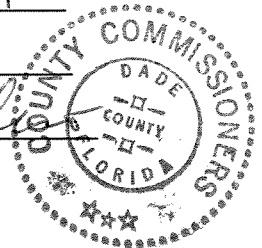
Date: February 27th, 2008

[Signature]
NOTARY PUBLIC-STATE OF FLORIDA
James P. Gilmore
Commission #DD649756
Expires: MAR. 12, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Corporate Seal

Miami-Dade County

By: [Signature]
Name: Miriam Singer
Title: Dept. Director
Date: 4/14/2008
Attest: [Signature]
Clerk of the Board



Approved as to form
and legal sufficiency

[Signature]
Assistant County Attorney

Attachment: Appendix B

APPENDIX B

Price Schedule Revised Effective 1/1/2008

Administrative Services Only (ASO) Fees

Medical Administrative Fees (Actives/Non-Medicare Retirees/Medicare Supplement Retirees\COBRA) Per Employee Per Month (PEPM):

Calendar Year	CY 2008	\$32.24
	CY 2009	\$33.37
	CY 2010	\$34.74

Pharmacy Rebate Credit

The pharmacy rebate credit contained in Contractor's ASO fee shall be \$3.56 in CY 2008. This credit shall increase to \$3.67 in CY 2009 and to \$3.78 in CY 2010. Any and all additional Pharmacy rebates received by Contractor over these amounts will be remitted to the County on an annual basis.

Contractor Claims Guarantee

For CY 2008 only, based on mature (12/15) plan year, total claims cost (excluding claimant amounts in excess of \$250,000) for the POS/HMO program on a Per Employee Per Month (PEPM) basis will be calculated by the County and agreed to by Contractor. If that total claims cost exceeds \$788.74 PEPM, the Contractor shall refund 10% of the excess claims cost to a maximum refund of \$3.75 PEPM.